

COLORADO SALES TAX WITHHOLDING ACCOUNT APPLICATION

Department Use Only

YOU CAN NOW APPLY ONLINE, SEE PAGE 2 FOR MORE INFORMATION.
IF APPLYING BY PAPER, READ INSTRUCTIONS FORM CR 101 BEFORE COMPLETING THIS FORM.

| | | | | | | | | | | | | | | | |
|--|---|--|--|-------------------------------------|--|---|-------------------------------------|--|--|--------------------------------------|--|--|---|--|--|
| A 1. REASON FOR FILING THIS APPLICATION—REQUIRED <input type="checkbox"/> Original Application <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Additional Location Do you have a Department of Revenue Account Number? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, Account # _____ | | | | | | | | | | | | | | | |
| 2. Indicate Type of Organization. If you are not an individual you must have a FEIN number. <table border="0"><tr><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Limited Liability Company (LLC)</td><td><input type="checkbox"/> Corporation/S' Corp.</td><td><input type="checkbox"/> Government</td></tr><tr><td><input type="checkbox"/> General Partnership</td><td><input type="checkbox"/> Limited Liability Partnership (LLP)</td><td><input type="checkbox"/> Association</td><td><input type="checkbox"/> Joint Venture</td></tr><tr><td><input type="checkbox"/> Limited Partnership</td><td><input type="checkbox"/> Limited Liability Limited Partnership (LLLP)</td><td><input type="checkbox"/> Estate/Trust</td><td><input type="checkbox"/> Non-profit (charitable)</td></tr></table> | | | | <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Corporation/S' Corp. | <input type="checkbox"/> Government | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) | <input type="checkbox"/> Estate/Trust | <input type="checkbox"/> Non-profit (charitable) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Corporation/S' Corp. | <input type="checkbox"/> Government | | | | | | | | | | | | |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture | | | | | | | | | | | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) | <input type="checkbox"/> Estate/Trust | <input type="checkbox"/> Non-profit (charitable) | | | | | | | | | | | | |
| B 1a. Taxpayer Name (Owner, Partners or Corporate Name) (Last, First, Middle) | | 1b. Proof of Identification (Requirements—see page 2) | | | | | | | | | | | | | |
| 2a. Trade Name/Doing Business As (If applicable, and for informational purposes only) | | 2b. Federal Identification Number (Required) | | | | | | | | | | | | | |
| | | 2c. Social Security Number | | | | | | | | | | | | | |
| Physical place of business | | | | | | | | | | | | | | | |
| 3a. Principal Address (A Colorado address is required if a location in the state) | | City | State ZIP Code | | | | | | | | | | | | |
| 3b. County | | 3c. If business is within limits of a city, what city? | 3d. Telephone () | | | | | | | | | | | | |
| Mailing address—enter mailing address here if different than the physical address. | | | | | | | | | | | | | | | |
| 4a. Name (Last, First, Middle) | | 4b. Telephone () | | | | | | | | | | | | | |
| 4c. Mailing Address | | City | State ZIP Code | | | | | | | | | | | | |
| 5. List specific products (you must list the products you sell) and/or services you provide and EXPLAIN IN DETAIL (See page 2, section B5 for additional space) | | | | | | | | | | | | | | | |
| Do you sell motor vehicle tires? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your business in a special taxing district? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent out items for 30 days or less? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you sell alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you rent motor vehicles for less than 45 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you sell Prepaid Wireless? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you sell tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| 6a. Owner/Partner/Corp. Officer (Last, First, Middle) | | 6b. Title | | | | | | | | | | | | | |
| 6c. FEIN | | 6d. SSN | | | | | | | | | | | | | |
| 6e. Telephone () | | | | | | | | | | | | | | | |
| 6f. Address (Residence, P.O. Box, or Street) | | City | State ZIP Code | | | | | | | | | | | | |
| 7a. Owner/Partner/Corp. Officer (Last, First, Middle) | | 7b. Title | | | | | | | | | | | | | |
| 7c. FEIN | | 7d. SSN | | | | | | | | | | | | | |
| 7e. Telephone () | | | | | | | | | | | | | | | |
| 7f. Address (Residence, P.O. Box, or Street) | | City | State ZIP Code | | | | | | | | | | | | |
| If you acquired the business in whole or in part, complete the following: | | | | | | | | | | | | | | | |
| 8a. Prior Taxpayer Name | | 8b. Date of Acquisition | | | | | | | | | | | | | |
| 8c. Address | | City | State ZIP Code | | | | | | | | | | | | |
| C 1. <input type="checkbox"/> If Seasonal, mark each business month <table border="0"><tr><td><input type="checkbox"/> Jan.</td><td><input type="checkbox"/> Mar.</td><td><input type="checkbox"/> May</td><td><input type="checkbox"/> July</td><td><input type="checkbox"/> Sept.</td><td><input type="checkbox"/> Nov.</td></tr><tr><td><input type="checkbox"/> Feb.</td><td><input type="checkbox"/> April</td><td><input type="checkbox"/> June</td><td><input type="checkbox"/> Aug.</td><td><input type="checkbox"/> Oct.</td><td><input type="checkbox"/> Dec.</td></tr></table> | | <input type="checkbox"/> Jan. | <input type="checkbox"/> Mar. | <input type="checkbox"/> May | <input type="checkbox"/> July | <input type="checkbox"/> Sept. | <input type="checkbox"/> Nov. | <input type="checkbox"/> Feb. | <input type="checkbox"/> April | <input type="checkbox"/> June | <input type="checkbox"/> Aug. | <input type="checkbox"/> Oct. | <input type="checkbox"/> Dec. | 2a. Filing Frequency: If sales tax collected is: <input type="checkbox"/> \$15.00/month or less—Annually <input type="checkbox"/> Under \$300/month—Quarterly <input type="checkbox"/> \$300/month or more—Monthly <input type="checkbox"/> Wholesale only—Annually | |
| <input type="checkbox"/> Jan. | <input type="checkbox"/> Mar. | <input type="checkbox"/> May | <input type="checkbox"/> July | <input type="checkbox"/> Sept. | <input type="checkbox"/> Nov. | | | | | | | | | | |
| <input type="checkbox"/> Feb. | <input type="checkbox"/> April | <input type="checkbox"/> June | <input type="checkbox"/> Aug. | <input type="checkbox"/> Oct. | <input type="checkbox"/> Dec. | | | | | | | | | | |
| 2b. First Day of Sales (Mo/Day/Yr) | | Revenue Registration Account Number (DEPT. USE ONLY) | | | | | | | | | | | | | |
| 3. Indicate which applies to you: <input type="checkbox"/> Retail-Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Charitable <input type="checkbox"/> Retailers-Use | | | | | | | | | | | | | | | |
| D 1. Filing Frequency: If wage withholding amount is W2 <input type="checkbox"/> \$1–\$6,999/Year—Quarterly <input type="checkbox"/> \$50,000+/Year—Weekly <input type="checkbox"/> \$7,000–\$49,999/Year—Monthly Must file by Electronic Funds Transfer (EFT) | | 2. W2 <input type="checkbox"/> Withholding 1099 <input type="checkbox"/> Withholding | | | | | | | | | | | | | |
| 2. Filing Frequency: If withholding amount is 1099 <input type="checkbox"/> \$1–\$6,999/Year—Quarterly <input type="checkbox"/> \$50,000+/Year—Weekly <input type="checkbox"/> \$7,000–\$49,999/Year—Monthly Must file by Electronic Funds Transfer (EFT) | | 2. Oil/Gas <input type="checkbox"/> Withholding | | | | | | | | | | | | | |
| 3a. First Day of Payroll, if applicable (Mo/Day/Yr) | | 3b. Payroll Records Telephone () | | | | | | | | | | | | | |
| F I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. | | | | | | | | | | | | | | | |
| SIGNATURE of Owner, Partner or Corporate Officer Required | | Title | Date | | | | | | | | | | | | |

| Period Covered | | FEES (see page 2) | | E |
|---|----|-------------------|-------------------------------|------|
| From | To | | | |
| Mo | Mo | (0020-810) | State Sales Tax Deposit (355) | |
| Yr | Yr | | \$ | |
| Mo | Mo | (0080-750) | Sales Tax License (999) | |
| Yr | Yr | | \$ | |
| Mo | Mo | (0100-750) | Wholesale License (999) | |
| Yr | Yr | | \$ | |
| Mo | Mo | (1000-750) | Wage W2 Withholding (999) | 0.00 |
| Yr | Yr | | \$ | |
| Mo | Mo | (1000-750) | 1099 Withholding (999) | 0.00 |
| Yr | Yr | | \$ | |
| Mo | Mo | (0160-750) | Charitable License (999) | |
| Yr | Yr | | \$ | |
| MAKE CHECKS PAYABLE TO: | | TOTAL | \$ | .00 |
| Colorado Department of Revenue, 1375 Sherman St., Denver, CO 80261-0009 | | | | |

FEE SCHEDULE

- **Trade name registration:** Trade name registrations must be done with the Colorado Secretary of State.
- **Unemployment insurance:** Colorado unemployment insurance tax is administered by the Colorado Department of Labor and Employment.
- **Wholesale and retail license**

If first day of sales is:

| | |
|---|---------|
| January to June even-numbered years 2010, 2012, 2014 | \$16.00 |
| July to December even-numbered years 2010, 2012, 2014 | \$12.00 |
| January to June odd-numbered years 2011, 2013, 2015 | \$8.00 |
| July to December odd-numbered years 2011, 2013, 2015 | \$4.00 |

- **Charitable license** \$8.00
- **A deposit** is required on a retail sales tax license only. \$50.00

Fee Notes

- The \$50 deposit will be refunded automatically after a business has collected and paid \$50 in *state sales taxes*. **DO NOT** deduct the deposit on your sales tax return. The deposit is only required on a business first location.
- There is no charge for a multiple or single event license IF a business has a current wholesale or retail sales tax license.
- For single and multiple event licenses complete the DR 0589 "Sales Tax Special Event Application."
- All licenses except the single event license are valid through December 31 of each odd-numbered year.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

If you have questions call the Department of Revenue, (303) 238-SERV(7378).

INSTRUCTIONS: This form consists of two copies; please complete the form.

If you've downloaded this form from the Internet, please complete the form and make a photocopy of it. Mail the original form to:

**Colorado Department of Revenue
Denver CO 80261-0013**

and retain one copy of the completed form for your records.

For walk-in service, please bring two copies of the completed form to:

DENVER SERVICE CENTER
1375 Sherman St.
Denver CO 80261

COLORADO SPRINGS SERVICE CENTER
2447 North Union Blvd.
Colorado Springs, CO 80909

FORT COLLINS REGIONAL SERVICE CENTER
1121 W. Prospect Rd., Bldg. D
Fort Collins, CO 80526

GRAND JUNCTION SERVICE CENTER
222 S. Sixth St., Room 208
Grand Junction CO 81501

PUEBLO SERVICE CENTER
827 W. 4th St., Suite A
Pueblo CO 81003

Taxpayer ID Requirements:

All walk-in and mail-in business and individual applicants for a Sales/use Tax or Wage Withholding with the Colorado Department of Revenue must provide valid proof of identification at the time of application. Valid proof includes a legible copy of a Colorado Driver's License, Colorado Identification Card, United States Passport, Resident Alien Card (Indicating eligibility for employment), United States Naturalization papers, and/or Military Identification Card. If the applicant is from another state, a valid driver's license or other picture ID from that state is required.

B

5. List Specific Products and/or Services you Provide and EXPLAIN IN DETAIL (Continued from page 1)



Manage your account.
File and pay online.
Get started with Revenue Online today!
www.Colorado.gov/RevenueOnline

